

Application Data Sheet

Application Information

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	ALPHA-AMINOAMIDE DERIVATIVES USEFUL IN THE TREATMENT OF LOWER URINARY TRACT DISORDERS
Attorney Docket Number::	2503-1224
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: ELENA
Middle Name::
Family Name:: BARBANTI
Name Suffix::
City of Residence:: COLOGNO MONZESE
State or Province of
Residence::
Country of Residence:: ITALY
Street of Mailing VIA DEI PLATANI, 6
Address::
City of Mailing Address:: COLOGNO MONZESE
State or Province of Mailing Address::
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address:: I-20093

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: ORIETTA
Middle Name::
Family Name:: VENERONI
Name Suffix::
City of Residence:: SETTIMO MILANESE
State or Province of
Residence::
Country of Residence:: ITALY
Street of Mailing VIA STEPHENSON, 25
Address::
City of Mailing Address:: SETTIMO MILANESE

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: I-20019

Applicant Authority Type:: Inventor

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: FLORIAN

Middle Name::

Family Name:: THALER

Name Suffix::

City of Residence:: MERANO

State or Province of

Residence::

Country of Residence:: ITALY

Street of Mailing VIA VAL DI NOVA, 31

Address::

City of Mailing Address:: MERANO

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: I-39012

Applicant Authority Type:: Inventor

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: ROBERTO

Middle Name::

Family Name:: PELLICCIARI

Name Suffix::

City of Residence:: PERUGIA

State or Province of

Residence::

Country of Residence:: ITALY

Street of Mailing VIA ROCCHI, 60

Address::

City of Mailing Address:: PERUGIA

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: I-06100

Applicant Authority Type:: Inventor

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: LUCA

Middle Name::

Family Name:: BENATTI

Name Suffix::

City of Residence:: COLOGNO MONZESE

State or Province of

Residence::

Country of Residence:: ITALY

Street of Mailing VIA DELLA REPUBBLICA, 43

Address::

City of Mailing Address:: COLOGNO MONZESE

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: I-20093

Applicant Authority Type:: Inventor

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: PATRICIA

Middle Name::

Family Name:: SALVATI

Name Suffix::

City of Residence:: ARESE

State or Province of

Residence::

Country of Residence:: ITALY
 Street of Mailing VIA VALERA, 16/C
 Address::
 City of Mailing Address:: ARESE
 State or Province of Mailing Address::
 Country of Mailing Address:: ITALY
 Postal or Zip Code of Mailing Address:: I-20020

Correspondence Information

Correspondence Customer 00466
 Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2005/000514	1/20/05

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
EUROPEAN	04001175.1	1/21/04	Yes

Assignment Information

Assignee Name::
 Street of Mailing
 Address::
 City of Mailing Address::
 State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::